



ROOFING PERMIT APPLICATION



Development Services
 2406 Leopard, Suite 100
 Corpus Christi, TX 78408
 (361) 826-3240
 (361) 826-4375 (fax)

PermitRequests@cctexas.com

Residential

Permit # _____ - _____

Commercial

| | |
|---------------------------------|-----------------|
| ROOFING CONTRACTOR NAME: | Address: |
| Phone #: | E-Mail Address: |
| Roofers' Phone #: | |
| Driver's License #: | |

***Location Address :** _____
 (*Where work is being done)

| | |
|----------------------|-----------------|
| OWNER'S NAME: | Address: |
| Phone #: | E-Mail Address: |

| | |
|-----------------------|-----------------|
| Engineer Name: | Address: |
| Phone | E-mail Address: |

| | | | |
|------------------------|--------|----------------------------|--|
| Occupancy Type: | | Square Footage: | |
| Type of Roof Material: | | X .045 per square footage: | |
| Project Cost: | Notes: | 25% of Bldg Permit Fee: | |
| | | Total Due on Permit: | |
| Processed by: | | Date: | |

FINAL BUILDING Inspection required at the end of the project to close out permit.

AUTHORIZED ROOFING CONTRACTOR – SIGNATURE: _____

AUTHORIZED ROOFING CONTRACTOR – PRINT NAME: _____